



Hospital Fiscal Report
 State Form 49520 (R2 /7-02)
 (Form approved by State Board of Accounts, 2000)

Status: Finalized

I. Identification of Organization

Hospital Name: REHABILITATION HOSPITAL OF FORT WAYNE

City of Hospital: Fort Wayne, Indiana

Year Begin: 01/01/2017 (mm/dd/yyyy format)

Year End: 12/31/2017 (mm/dd/yyyy format)

Person Completing the Report: Karen Till

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Medicare Provider Number: 15-3030

Statement One: Summary of Revenue and Expenses

1. Gross Patient Service Revenue

Inpatient Patient Service Revenue	\$31396289
Outpatient Patient Service Revenue	\$22462
Total Gross Patient Service Revenue	\$31418751

2. Deductions From Revenue

Contractual Allowance	\$21322673
Other Deductions	\$0
Total Deductions	\$21322673

3. Total Operating Revenue

Net Patient Service Revenue	\$10096078
Other Operating Revenue	\$113347
Total Operating Revenue	\$10209425

4. Operating Expenses

Salaries and Wages	\$5895934	Employee Benefits	\$1321781
Depreciation and Amortization	\$398735	Interest Expense	\$0
Bad Debt	\$184238	Other Expenses	\$2694125
Total Operating Expenses	\$10494813		

5. Net Revenue and Expenses

Excess Revenue over Expenses	\$-285388	Total Assets	\$13531649
Net Non-operating Gains over Loss	\$0	Total Liabilities	\$17841981

Total Net Gains	\$-285388
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Statement Two: Contractual Allowance

Revenue Source	Gross Patient Revenue	Contractual Allowance	Net Patient Service Allowance
Medicare	\$17429907	\$11517423	\$5912484
Medicaid	\$4491880	\$3120179	\$1371701
Other Government	\$0	\$0	\$0
Other State	\$0	\$0	\$0
Other Payers	\$9496964	\$6685071	\$2811893
Total	\$31418751	\$21322673	\$10096078

Statement Three: Donations Statement

	Estimated Incoming Revenue	Estimated Outgoing Expenses	Net Dollar Gain or Loss
Donations	\$0	\$0	\$0

Statement Four: Research Statement

	Estimated Incoming Revenue	Estimated Outgoing Expenses	Net Dollar Gain or Loss
Research	\$0	\$0	\$0

Statement Five: Education Statement

Education of	Estimated Incoming Revenue	Estimated Outgoing Expenses	Net Dollar Gain or Loss
Medical Professionals	\$0	\$0	\$0
Hospital Patients	\$0	\$0	\$0
Community Education	\$0	\$0	\$0

Number of Medical Professionals Trained	\$0
Number of Hospital Patients Educated	\$0
Number of Citizens Exposed to Health Education Messages	\$0

Statement Six: Charity Statement

Hospital Charity Charges	\$21037
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	Payments from Clients	Less Costs to Hospital	Unreimbursed Costs to Hospital
Charity Care	\$0	\$6904	
HCI Payments	\$0		
Subtotal	\$0	\$6904	\$-6904
Medicaid Shortfalls	\$1371701	\$1474100	
Subtotal	\$1371701	\$1481004	\$-109303
DSH Payments	\$0		
Subtotal	\$1371701	\$1481004	\$-109303
Medicare Shortfalls	\$5912484	\$5719973	
Other Government Programs	\$0	\$0	
Total	\$7284185	\$7200977	\$83208

Statement Seven: Subsidized Health Services for the Community

	Estimated Incoming Revenue	Estimated Outgoing Expenses	Net Dollar Gain or Loss
Community Programs	\$0	\$0	\$0
Community Assessment	\$0	\$0	\$0
Provision of Taxes	\$0	\$0	\$0
Other Allocations	\$0	\$0	\$0

Comments

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